

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter Certificate from
Good Time Travel LLC

255410

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2015 - 84 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Thomas Vance Touchton

Telephone: 864-314-5990

Address: 424 McGee Road

Fax:

Anderson, SC 29625

Other:

Email: vancetravel@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☒ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other:

RECEIVED

FEB 25 2015

PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

905

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 02/24/2015

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Good Time Travel LLC

424 McGee Road, Anderson SC 29625

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864-314-5990

Phone

Fax

vancetravel@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

Thomas Vance Touchton - Sole Owner

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Good Time Travel LLC

Name of Applicant

424 McGee Road Anderson, SC 29625

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 6900

Limits \$5,000,000 CSL

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Lancer Insurance Company

Name of Insurance Company

70 West Park Ave., Long Beach, NY 11561

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

02/24/2015

Date

Thomas P. Wood

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Good Time Travel LLC

Name of Applicant

2512966

U.S.D.O.T No.

MC 871635

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

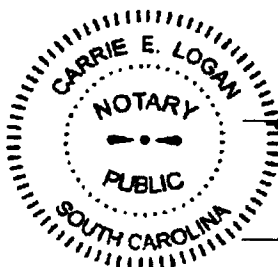
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



[Signature]
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Anderson)
SWORN TO BEFORE ME
This 03 day of February 2015
[Signature]
Notary Public
Commission Expires 4/21/18

Attach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Good Time Travel LLC

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

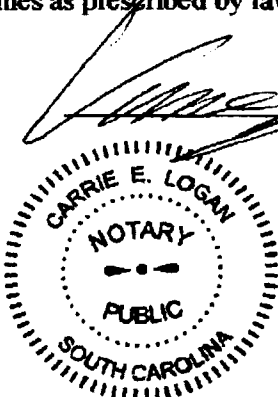
☐ Yes

☒ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

Thomas Vance Touchton, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME
this 20 day of February, 2015
C. Clogau
Notary Public
Commission Expires 4/21/18




Applicant's Signature

Print Application

2014-287T

255166

	USDOT# 2512966		Legal: GOOD TIME TRAVEL LLC	
	Operating (DBA):			
MC/MX #: 871635		State #:		Federal Tax ID:
Review Type: Safety Audit – New Entrant		Location of Review/Audit: Company Facility in the U.S.		
Scope: Entire Operation		Territory:		
Operation Types		Business: Individual		
Interstate		Gross Revenue: \$10000		
Intrastate		for year ending: 12/31/2014		
Carrier: Non-HM		Shipper: N/A		
Shipper: N/A		Cargo Tank: N/A		
Company Physical Address:				
424 MCGEE RD ANDERSON, SC 29625, UNITED STATES				
Contact Name: Thomas V Touchton				
Phone numbers: (1) 8643145990		(2)		Fax 8647601258
E-Mail Address: andersongreyhound@yahoo.com				
Company Mailing Address:				
424 MCGEE RD ANDERSON, SC 29625, UNITED STATES				
Carrier Classification				
Authorized for Hire				
Cargo Classification				
Passengers				
Does carrier transport placardable quantities of HM? No				
Is an HM Permit required? No				
Driver Information				
Inter		Average trip leased drivers/month: 0		
Intra		Total Drivers: 2		
< 100 Miles: 0		CDL Drivers: 2		
>= 100 Miles: 2				
Equipment				
Owned		Term Leased		Trip Leased
Motor Coach		Owned		Term Leased
0		1		0
Power units used in the U.S.:		1		
Percentage of time used in the U.S.:		100		



13R28GP78C4JY



GOOD TIME TRAVEL LLC
USDOT#: 2512966

Review Date:
12/17/2014

Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety or Hazardous Materials rules may be addressed to the Office of Motor Carrier at:

South Carolina State Transport Police, Motor Carrier Compliance Unit
10311 Wilson Blvd, Building D-2, Post Office Box 1993, Blythewood, SC 29016
Phone: (803) 896-2696 Fax: (803) 896-5526

This SAFETY AUDIT will be used to assess your safety compliance.

Person(s) Interviewed:

Name: Thomas V Touchton

Title: Owner

Name: Tony Martinez

Title: Safety Manager



13R28GP7SC4JY



GOOD TIME TRAVEL LLC
USDOT#: 2512966

Review Date:
12/17/2014

Part B

Your Proposed Safety Audit Result is: **PASS**

Explanation of Scoring Methodology

Factor	Failed Questions		Performance Test Status	Total Points	Factor Status
	Critical	Acute			
1. General	0	0	—	0	PASS
2. Driver	0	0	—	0	PASS
3. Operations	0	0	—	0	PASS
4. Maintenance	0	0	PASS — 0.00 %	0	PASS
5. Hazardous Materials	—	—	—	—	—
6. Accidents	—	—	PASS — 0.00	—	PASS
SUM	0	0		0	PASS

Result: Carrier has adequate basic safety management controls in place.

NOTE: Carrier has the right to request a review of this determination if there are factual or procedural disputes.

HOW THE SA IS SCORED

FACTORS - The Federal Motor Carrier Safety and Federal Hazardous Material Regulations are categorized into six factors. Multiple questions address the various factors. The Part B Question & Answer Report lists the CFR section numbers related to each question.

CRITICAL/ACUTE - Questions are also defined as CRITICAL, ACUTE or neither depending on the significance of the underlying regulation. Questions are assigned a point value if they are incorrectly answered. Critical = 1 and Acute = 1.5. The point values are summed for each factor. Any factor with a point value of 3 or more is marked "FAILED".

OUT OF SERVICE (OOS) RATE - The Driver/Vehicle OOS rate is used in factor #4 as another question. If there have been more than three level 1, 2, or 5 North American Standard Inspections conducted over the past year, they will be summarized. If the summed OOS rate is over 34%, one additional point is assigned to that factor.

CRASH FACTOR - Carriers are defined as urban or non-urban in order to compensate for the higher crash risk of urban operations. Urban carriers are defined as those that operate within a 100 air-mile radius. The crash rate for a carrier is calculated as accidents per million miles traveled. Factor #6 is "FAILED" if the urban carrier crash rate exceeds 1.7 or the non-urban carrier crash rate exceeds 1.5.

OVERALL STATUS DETERMINATION - Any carrier with 3 or more "FAILED" factors is deemed to have failed the Safety Audit by having inadequate safety management controls in place to operate in the U.S.



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

GOOD TIME TRAVEL, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 2nd, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
3rd day of July, 2014.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

AMENDED ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to S.C. Code of Laws §33-44-204(a), the undersigned limited liability company adopts the following Amended Articles of Organization:

1. The name of the limited liability company is Lance Travel Services LLC
2. The date the articles of organization were filed is April 2 2010
3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization. If the space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph on this form.

Requesting a name change from
Lance Travel Service LLC TO
Good Time Travel LLC.

[Signature]
Signature (Please see the Filing Checklist below)

Vance Tachton
Print or Type Name

Capacity/Position of Person Signing (You must check one box.)

- ☐ Manager ☐ Member ☒ Organizer
☐ Fiduciary ☐ Attorney-in-Fact owner

Date 7-3-14

Filing Checklist

- Amended Articles of Organization (filed in duplicate)
- \$110.00 made payable to the Secretary of State's Office
- Self-Addressed, Stamped Return Envelope
- Make sure the proper individual has signed the form (Please see S.C. Code of Laws §33-44-205(a))

Limited Liability Company forms filed with the Secretary of State must be signed in the name of the company by a:

- (1) manager of a manager-managed company
- (2) member of a member-managed company
- (3) person organizing the company, if the company has not been formed or
- (4) fiduciary, if the company is in the hands of a receiver, trustee or other court-appointed fiduciary

- Return all documents to:
South Carolina Secretary of State's Office
Attn: Corporate Filings
1205 Pendleton Street Suite 525
Columbia, SC 29201

140703-0059 FILED: 07/03/2014
GOOD TIME TRAVEL, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State